stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA-ORD. Every item of infor-UNFADING INK-THIS IS A PERMANENT R CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be NLY. WI B.—WRITE PLA

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	940
County montgoning	Registration Dist. No. 2/16
Village or City Chewn fall ast	No. St., Ward
(li	death occurred in a hospital or institution, give its INAIVE instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME and and	<i>N</i>
(a) Residence: No. (Usual place of abode)	St., Ward. If monresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIEO, WIOOWEO,	21. DATE OF DEATH
Few 3l, a, OR DIVORCED (write the word)	(North) 3 - , 193 3
5a. If married, widowed, or divorced	(multi) (vey) (teal)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
	0 + 14012
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 5.6 m.
20/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Date of onset
kind of work done, as SPINNER, Sewant.	£ (0.53
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	
SAW MILL, BANK, etc	
O 10. Date deceased last worked et this occupation (month and yeer) yeer)	
7 m /	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	Fally Mail
	+ arthurosethleroses.
E 2 -	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME Zugista Kushau	23. if death was due to externel causes (VIOLENCE) fill in etso the following:
15. MAIDEN NAME TUSTISCHE COLOR OF TOWN)	Accident, suicide, or homicide?
(State or country)	Where did Injury occur?
17. INFORMANT MIS lebales No Thomas	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address) & Punose Chury Blass	nd.
18. BURIAL, CREMATION, OR REMOVAL	phanner of injury
Place WT 1 , Oate 6 - 13-, 19.33	Nature of injury
19. UNDERTAKER / Salvent III - Janis	24. Wes diseese or injury in any way related to occupation of deceased?
(Address) /826- 9 xt nw.	If so, specify
20. FILED 6-13-19 37 Thomas L' Comad	(Signed) Thomas K. Comac, M.O.

If more blanks are needed, address State Registrar, 411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD, Every tem of infor-Exact statement stated EXACTLY. properly classified. CAUSE OF DEATH in plain terms, so that it may be AGE should be supplied. mation should be carefully -WRITE PLAINLY,

certificate.

See instructions on back of

TION is very important.

V. S. No. 1 ä OCCUPA-

Jo

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(Rio-m)
County Mont of one	Registration Dist. No. 21
Village or City	Note Cl. St., Ward
(If Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
010 0	
2. FULL NAME	alex
(a) Residence: No. (Usual place of abode)	St. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Hemale White Sen ale	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 1 8e. 27. 1907	Hast saw h Sa alive on Grace 1 2 19.3 3 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
25 5 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, Book Keeper	Cerebral Com unhage 6-11-33
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased lest worked at this occupation (month and	
SAW MILL, BANK, etc	
this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town) Colesville	Other Contributory Causes of importance:
(Stata or country) Md	, washing a special
13. NAME My Latury Baker	
13. NAME M. Satura Backer 14. BIRTHPLACE (city or town) Colorselle	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Carles Coles Kanp	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Onle Oster Kamp 16. BIRTHPLACE (city or town) 16. State or country)	Accident, suicide, or homicide? La Green Date of injury Just 1, 19.3.3.
(State or country)	Where did injury occur? Specify city or town, county and State)
17. INFORMANT Askalan levels.	Specify whether injury occurred the INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place washington O Date June 14, 19 33	Nature of Injury
10 HADERTAKED S. At. Hines 600	24. Was disease or Injury In any way related to occupation of deceased?
19. UNDERTAKER (Addiess) 2 901 14 20 W. W.	If so, specify
20. FILED June Ht. 1933 (Barnsley	(Signed) M. D.
20. FILED TIME At, 1933 (Sarnday Registrar.	(Address)
If more blanks are needed, adiress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	HERE E
Gallstones	May 1,1923	Gastraenteritis	1 year

PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-AGE should be stated EXACTLY. MARGIN RESERVED FOR BINDING -WRITE PLAINLY, W

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

V. S. No. 1

Exact statement of OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF DEATH 06240

1. PLACE OF DEATH				
County Moulgomery			Registration Dist. No.	217
Village or City Ollney, Md.		Q No		St., War
Length of residance in city or town where death occurred.		death occurred in a horpital or instit		
1.0 A B	rusley			
(a) Residence: No. Olssung (Usual place	id F	St.,Ward.	If nonresident give city or to	wn and State
PERSONAL AND STATISTICAL PART	ICULARS	MEDICAL C	ERTIFICATE OF DEA	тн
	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	A >	
	rued "	Ju yu	(Month) (Day)	, 193.3 (Year)
5a. If married, widowad, or divorcad HUSBAND of		1		******
(or) WIFE of Carrie E. J. Be	rusley	22. I HEREB	Y CERTIFY. That I at	lended deceased fr
5. DATE OF BIRTH (month, day, end year) Feb. 2 /	1855	I last saw h. L. alive on	612/1	9.3:: death is s
7. AGE Years Months Days	If LESS than	to have occurred on the data stat	ad above, at 10 Plm.	
78 4 2	I day,hrs.	The PRINCIPAL CAUSE OF DEA	TH and related causes of important	
8. Trade, profession, or particular				Data of one
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Faru	rer	thrame	<u> </u>	6/20
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	arm			
3 40 Date deceased lest worked at 11 Total	time (veere)	*12	~~~~	
ting occupation (month and	ent in this 50 yr			
12. BIRTHPLACE (city or town) Olices		Other Contributory Causes of Imp	orlance:	
(State or country) monty. B. me	(Telmonie do	Meshleal	
13. NAME James F. Barusl	Ly.	ne	shrites	4/3/.
14. BIRTHPLACE (city or town)	don	Name of oparation	ne De	
(State of country)	y.land.	What tast confirmed diagnosis? Z	jamunation. Was th	ara an autopsy?_ 2
15. MAIDEN NAME Ousan Carta	er		uses (VIOLENCE) fill in also the f	
16. BIRTHPLACE (city or town) Daylour (State or country)	1/2		Date of Injury	, 19
O Just Ban O	inigiang.	Whare did injury occur?	(Specify city or town, county	and State)
(Address) Oliver mid	7	Specify whether injury occurred	In INDUSTRY, in HOME, or in PUB	LIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL		Menner of injury		
Place May male Data 6/	17 / 19 33			
19. UNDERTAKER Warnes E. Oumps	hus		way related to occupation of dacaas	ed? Mo
(Address) Rochotte Ind.	0	If so, spacify		
20. FILED June 25 1933 Barne	sler.	(Signad)	12437	M.
1	Registrar.	(Addrass)	wdly Spring	ma

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH County Montgonery	STATE OF MARY CERTIFICATE OF
montgomery Hills	Registration Dist. N
2FULL NAME Lillian B. Be	St.: Ward) (If a ho tion, stend num
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE
Genale While Single, Married Wildowed. OR DIVORCED (Write the word)	16 DATE OF DEATH June 29 (Month) (Day
Oct. 6, 1874 (Month) (Day) (Year)	that I last saw h lx alive on house 28
7 AGE 58 yrs. 8 mos. 2 d ds. or min.	s. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 3 yrs.3
9 BIRTHPLACE (State or country) Waslington NG.	Contributory archoma So Secondary Lung (Duration) yrs (Signed) Arch Mucart
FATHER Loss, L. Bailey II BIRTHPLACE OF FATHER (State or country) Va	*State the Disease Causing Death, or, in Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER ULIA Thompson 13 BIRTHPLACE OF MOTHER (State or country) Md.	18 LENGTH OF RESIDENCE (For Hospitals, In ients or Recent Residents) At place In the of death yrs
(Informant) Harry of Beck	Where was disease contracted, if not at place of death? Former ar usual residence.
(Address) 11/8 Summerfield Rd	Banyod Cemetry DAT
15 Filed June 29 1923 J. G. Williams	20 UNDERTAKER ADDR
	1840 1.

STATE	OF	MAR	YLAN	1D
CERTIFIC	CATE	OF	DEA	TH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stend of street and number.)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH 29 , 1933
that I last saw h ly alive on have 28 4 , 192
and that death occured on the date stated above, at 10 Am
The CAUSE OF DEATH * was as follows: Carcino ma Right Breast
(Duration) 3 yrs Some d
Contributory Carcinoma Seft Sower
(Signed) Janus Stears M. I June 29 1933 (Address) 1349 Randalph Stire
*State the Discase Causing Death, or, 14 deaths from Violent Causs, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place In the of death, yrsmos. ds. State yrs
Where was disease contracted, if not at place of death?
Former ar usual residence
Polace of Burial OR REMOVAL DATE OF BURIAL Washing ton W.C. July 1, 193:
lyde J. Nicholo 4217-9 at 11 &

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Solesmon. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomothe engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of octired 6 yrs). state oecupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer,'""Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, without more precise specification as Doy For persons who have no occupation (b) Automobile foctory. The Laborer-Coal mine, etc. Wom-(6) material Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); lobar pneumonia. Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Meosles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Caneer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitiol nephrilis, can be ascertained as the eause. Always qualify all 10 ds. Never report mere symptoms or terminal condi-Whooping approved by Committee on Nomenclature of the Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-(secondary or intercurrent) Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic etc. The contributory affection need not be volvular heart Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

		S	TATEC	F MAR	YLAND-
1.	PLACE O	F DEAT	rH		
	County1	lontg	omery		
	Village or (ityS	ilver S	pring,	Md.
	Length of res	idence In ci	ty or town where	leath occurred1	5_yrs. 2
2.	FULL NA	ME.S	amuel B	enner	
	(a) Resider	ice: No	627 Mis	sissipp (Usualplace	of abode)
	PERSON	AL AN	D STATIST	ICAL PART	ICULARS
3. SE	x [ale		r or race		RRIED, WIDOWED, ED (write the word)
	merried, widow HUSBAND of (or) WIFE of		rced ie Sieb		
			, and year) Fe	by/2/18	
7. AG	E Ye	ars	Months	Days 4	If LESS than 1 day,h ormin.
CUF	9 Industry or work wa SAW MI	business In is done, as S LL, BANK, e	which SILK MILL, etcked at	Sp.	time (years) entin this upation
12. B	IRTHPLACE (c (State or cou		Cambri	a Co.,I	enn.
ER I	3. NAME	Andre	w Benne	r	
FATHER	4. BIRTHPLAC (State o	E (city or to r country)	wn)Per	m.	
ER I	5. MAIDEN NA	AME	Mary E.	Smith	
MOTHER		E (city or to r country)	wn)	Blair (Penn.
	(Address)	527 N	iss. At	Davis	daughte
18. B	URIAL, CREMA	TION, OR F	REMOVAL		
					98,19-3
19. U	NDERTAKER (Address)	1400	Chambe Chapin	St. N.	W .
	6/1	,		5-10.1	

06242

Registration	Dist. No. 214
No	St., Ward
ds. How long in U.S. if of foreign birth?	yrsmosds.
St., Ward.	t give city or town and State
MEDICAL CERTIFICATI	E OF DEATH
21. DATE OF DEATH June (Month)	6, 0ay) 933 , 193 (Year)
22. 1 HEREBY CERTIF May /4/33 19 to 6	/5/33, 19; death Is said
to have occurred on the date steted above, at	
The PRINCIPAL CAUSE OF DEATH and related cau were as follows:	Date of onset
Heart failure	674-33
Other Contributory Causes of importance: Cardio-vascular ren	al disease
Name of operation_None What test confirmed diagnosis?_Urinaly	Date of Sis Was there an ad opsy
23. If deeth was due to external causes (VIOL ENCE) if	
Accident, suicide, or homicide?	Date of injury, 19
Where did injury occur?(Specify city o Specify whether injury occurred in INDUSTRY, in H	or town, county and State) OME, or in PUBLIC PLACE.
Manner of Injury	
Nature of injury	
24. Was disease or injury in any way related to occu If so, specify (Signed)	pation of deceased? D.K.
	.st., N.W., D.C.

CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BITTUTE ATT W. R.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

MARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. s.

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		- 18 18 18 18 18 18 18 18 18 18 18 18 18	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	CE FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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14

PHYSICIANS should state cact statement of OCCUPA.	STATE OF MARYLAND— 1. PLACE OF DEATH County Montgomery Village or City M Dagnascus Langth of residence in city or town where death occurred & yrs. 9 mos. 2. FULL NAME Carrie Eugenia Bog. (a) Residence: No.M. Damascus md (Usual place of abode)	No.
RECO Exact	PERSONAL AND STATISTICAL PARTICULARS	1
ANENT RACT LY.	5a. If married, widowed or divorced HUSBAND of Or WIFE of Lesse 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Frankling 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Frankling 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE (
	(1110 VET 10/2	100
IS A PER stated E 3 properly c	6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than	to have occurra
IS A I stated properliertifical	63 9 17 1 day,hrs.	The PRINCIPA
	8. Trede, profession, or particular kind of work done, as SPINNER, Housework SAWYER, BDOKKEEPER, etc	Hall
INK- INK- S show t it m on ba	work was dona, as SILK MILL, SAW MILL, BANK, atc 1D. Date decesed last worked at this occupation (month and yaar)	
DIN Se 1	12. BIRTHPLACE (city or town) nr Dannaseux (State or country)	Other Coutribu
	13. NAME Oliver Watkins	
See See	14. BIRTHPLACE (city or town) M: Danislus, (Stata or country)	Nama of operat
= 6	15. MAIDEN NAME SUSANNA Ruth Etchion	What test confi
re ta	16. BIRTHPLACE (city or town) Mr. Damas euch mf. (State or country)	Accidant, suicid
PLA ould F D	17. INFORMANT Lesse D. Boyer (Address) R. D. Monrovia Md	Specify whethe
e sh	18. BURIAL, CREMATION OR REMOVAL Place Lage Resortly mg Date June 4, 1933	Manner of injury
-WRIT mation CAUSE	19. UNDERTAKER J. Beall Ing.	24. Was disease

(Addrass)

20. FILED Just 4, 19.3

V. S. No. 1

ż

		П
ERTIFICATE OF DEA	ATH 06244	
Registration	Dist. No. 2/	
No. ath occurred in a hospital or institution, give its NAM. As. How long in U.S. if of foraign birth?	E instead of street and number)	
r		
St., Ward.		
	t give city or town and State	
MEDICAL CERTIFICATE	OF DEATH	
1. DATE OF DEATH (Month)	Z , 1983 : (Year)	
2. IHEREBY CERTIF	Y. That I attended decaesad from	9
	Z , 1933 ; death is said	
to have occurred on the date stated above, at // The PRINCIPAL CAUSE OF DEATH and related caus		
Jugue Tectorio	Data of onset	3
Had frevious attack	EL.	
Other Coutributory Causes of importance:		
Nama of operation	Data of	
What test confirmed diagnosis?	1	
3. If death was dua to external causes (VIOLENCE) fi		
Accidant, suicide, or homicide?		
Where did injury occur? (Specify city of	t town, county and State)	

Burdel. (Address) A Rynaseus If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

If so, specify

(Signad)

24. Was disease or injury in any wey related to occupation of decaasad?

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BUREAU	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of OCCUPA.

STATE OF MADVI AND	CEDITIEICATE OF DEATH 06945
1. PLACE OF DEATH	CERTIFICATE OF DEATH 06245
County montamery for	Desistration Diet No. 2 1(/
210	Registration Dist. No.
Village or City (If	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME Southwick Garey &	Triggs
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Male White OR DIVORCED (write the word)	(Month) (Oay) (Year)
5e. If married, widowed, or divorced HUSBANO of Collect to Waldridge-	22. I HEREBY CERTIFY, Jihat I attended decoased from
6. DATE OF BIRTH (month, day, and year) Sept. 18, 1866	Vast saw h im aliva on lune 11 19 3 death is said
7. AGE Yeers Months Days If LESS than	to heve occurred on the date stated above, at 7. A m.
66 9 5 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trede, profession, or perticular kind of work done, as SPINNER fixed SAWYER, BOOKKEEPER, etc	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Albany, (State or country) New York	Chronic Myocardita
13. NAME Seage Briggs 14. BIRTHPLACE (city or town)	(Tashalas)
4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date of Start St
15. MAIDEN NAME Susan Buell	What test confirmed diagnosis: Was there on autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Susan Buell 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? See Late of Injury June 1819 33
17. INFORMANT Sauthwick Wallrige Brigg (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Prace Cock Police Daty Court, 16, 1933	Manner of Injury Burshot through heart.
19. UNDERTAKER Warner Collumphacy. (Address) Rockvills med	24. Was disease or injury In any way related to occupation of deceased?
20, FILED my 15th 1933 9-5, Widerst	(Signed) Faler a. J. range M. O.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

dane Silver

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

County

06245

		Chevy Ch		(1:	No. St., f death occurred in a hospital or institution, give its NAME instead of street and	:Ward	
1	Length of reside	nce in city or town where o	feath occurred	yrs,mos	ds. How long in U.S. if of foreign birth?yrs	mosds.	
1	2. FULL NAM	E Samuel R					
	(a) Residence	: No. 10.9 Wes		wood St.	St., Ward.		
U-81.0			(Usual place		If nonresident give city or town an	d State	
-		L AND STATIST	CAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH		
3.	SEX	. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	73	
	Male	White	Marr	ied	June 8, (Month) (Day)	, 193 3 (Year)	
5a.	. If married, widowed HUSBAND of	, or divorced			22. I HEREBY CERTIFY That I attended	1	
	(or) WIFE of	Martha D. (Calhoun		June 6th 1933, to June 8th		
	DATE OF BIRTH (me	onth day and year) Mil	ay 2, 18	346	i last saw him aliva on June 8th 1933	1900	
4	AGE Years	Months	Days	If LESS than	to have occurred on the data stated above, at 12 Am. M.	; death is said	
	87	1	6	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance		
-	8. Trade, profession	1 000		ffice	were as follows:	Date of onset	
O	kind of work dona, as SPINNER, Retired				Arterio-Sclerosis Angina Pectoris		
PAT	9. Industry or bus	siness in which			Augma recroris		
OCCUPATION	work was done, as SILK MILL, SAW MILL, BANK, etc						
8		last worked at ion (month and	11. Total t	ime (years) ntin this			
-	year)		occ	pation	Dther Coatributory Causes of Importance:		
12.		r town) Philad	elphia_		State Control of Importance.		
-	(State ar country			а			
FATHER	13. NAME Sam	uel Reed C	alhoun				
A	14. BIRTHPLACE (c	ity or town) Cham	bersbur	O*	Name of oparation Date of		
-	(State or co	untry)		Pa.	What test confirmed diagnosis? Was there an	autopsy? NO	
MOTHER	15. MAIDEN NAME	Martha Ar	n Reed		23. If death was due to external causes (VIDLENCE) fill in also the followin	g:	
0	16. BIRTHPLACE (c	ity or town)			Accidant, suicide, or homicide? Data of injury	-	
Σ	(State or co	untry) Pa	B.		Where did injury occur?		
17.	INFORMANT MIT				(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PI	ite) LACE.	
		109 W. Und	erwood	St CH.CH.			
18.	BURIAL, CREMATION		7		Manner of injury		
	Place ALLI.	ngton, Va.	Date JUII	212., 1900	Nature of Injury		
19.	UNDERTAKER - X	L. Speare	Co.		24. Was disease or injury in any way ralated to occupation of deceased?		
	(Address) 100	9 H St., 1	V. W., V	Vash. D.C	if so, specify		
20.	FILED June	9, 1,33 B.	2. Peur	y me	(Signed)	2 M. D.	
				/ Registrar.	(Address) Bethesda Md		

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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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B.

20. FILED

3

1933

STATE OF MARYLAND	CERTIFICATE OF DEATH 06247
County My Smyly Village or City M. Mekselle	Registration Dist. No. 2/3 No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the foord) Wighted	21. DATE OF DEATH (Dey) (193 (Yeer)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Many Banks	22. HEREBY CERTIFY, Thet I ettended deceased from 20, 1933, to time 20, 1933
6. DATE OF BIRTH (month, day, and year) 2 1 Unlesses	dast saw brin alive on June 2, 1932; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this occupation (month and this procupation (month and this procupat	Chronic Mysearditis lenten
this occupation (month and Present spent in this occupation (month and Present spent in this occupation (month and Present spent in this occupation 4 5 (Stete or country)	Dther Contributory Causes of importance:
13. NAME W (State or country)	Name of operation
# 15. MAIDEN NAME WALL	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
17. INFORMANT Three Cook.	Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Plece	Manner of Injury
19. UNDERTAKER (Address) Hordey (Address)	24. Was disease or Injury In any way related to occupation of deceased?

(Address) -

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		12 6	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Y Y	

	0 /	CH	death occurred
Very	nent	Mar de to don	.70 ds.
RD. E	statem	(a) Residence: No. Damoseus V	n _{st} /
00	Length of residence in city or town where death occurred years mos. 2. FULL NAME Landley On deel (a) Residence: No. CHANGE (b) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE (b) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE (c) S. SINGLE, MARIED, WIDOWED, OR DIVORCED (write the word) 53. If married, widowed, or divorced HUJBAND of (or) WIFE of (or) WIFE, BOOKREEPER, etc. 3. Industry or business in which work done, as SPINNER, SAW MILL, BANK, etc. 3. Industry or business in which work done as SPINNER, AMPLER, BOOKREEPER, etc. 3. Industry or business in which work done as SPINNER, AMPLER, BOOKREEPER, etc. 3. Industry or business in which work done as SPINNER, AMPLER, BOOKREEPER, etc. 3. Industry or business in which work doad at this occupation (month and \$720/3\$ Bant in this occupation (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, OREMATION, OR REMOVAL Place Date 7/27, 19.3 19. UNDERTAKER (Address)		
EN	· A	7 White OR DIVORCED (write the word)	21. DAT
NA NA	lassifie		22.
FOR BI		7. AGE Years Months Days If LESS then 1 dey,hrs.	t last saw h to have occ The PRINC were as fol
RVED THIS	may be	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Sta
Z	se that ctions o	12. BIRTHPLACE (city or town) Mategland-	Other Cont
M L	in to	(State or country)	Name of or
TLY, W	ATH in properties of the prope	15. MAIOEN NAME Saich Colly Mig 16. BIRTHPLACE (city or town) M. (State or country)	23. If death Accident, s Where did
PLAID	OF DE	(Address) Dames md.	Specify wh
WRIT	CAUSE TION is	19. UNDERTAKER ROY & Harter	Nature of i
N. B.	(2)	20. FILED July 2 , 1833 C Barnsley.	If so, speci

1. PLACE OF DEATH

1		248
lyon	Registration Dist. No. 21	7
new monlar	No. led Den/top st.	Ward
	death occurred in a hospital or institution, five its NAME instead of street and	number)
1 1	ds. How long in U.S. if of foreign birth?yrsn	mosds.
ley lendel		
amoseus /	₩ard.	u
(Usual place of abode)	If nonresident give city or town an	d State
ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 6 30/	102 3
manne	(Month) (Day)	(Year)
19 100	22. I HEREBY CERTIFY, That ! attended	d deceased from
a telendell.	6/10/ 1933, 10 6/30/	19.3.3
m July 8 1796	t last saw h salive on 64304 193	3; death is said
onths Days If LESS than	to have occurred on the date stated above, atm.	
/ 2 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	1
15.11	A .	Date of onset
NER, H.M.	Haphylococcus	
1. L	Sigolesomia	95733
11. Total time (years)		
120/33 spent in this occupetion		
000000000	Other Contributory Causes of importance:	
Variety in t	for Pool R	
3 118 1	Cartimele of Book,	19/20/3
7- Freedom	2	
ma		Justin.
0.51-8:	What test confirmed diagnosis?	
m lang imag	23. If death was due to external causes (VIOLENCE) filt in also the following	
141.	Accident, suicide, or homicide 22 Date of injury 2	23
1- 1-0	Where did injury occur? (Specify city or town, county and St.	ale)
ontall.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
Jens //ca .	Manage of Indiana	***
Date 7/2/ 19.3	Manner of Injury	
Bake		2, 1
Tour Tour	24. Was disease or injury in any way retated to occupation of deceased?	
012	If so, specify (Signed)	M. D.
Registrar.	(Address) Sande & Re	mi
	2421 N. Charles Street, Baltimore, Requesting D. S. No. 2.	7
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STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

of OCCUPA-

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Leng	gth of residence in city or town whare LL NAME Residence: No.	death occurred	int an	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foraign birth?
PE	RSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH 26 , 193 3 (Month) (Dev) (Year)
5a. If marris HUSBA (or) W	ad, widowad, or divorced AND of VIFE of			22. I HEREBY CERTIFY. That I attended decaesed from
7. AGE	F BIRTH (month, day, and yaar) Yeers Months O ade, profession, or particular	Oays	If LESS than 1 day,Ohrs. orOmin.	I last saw h
12. BIRTHE	kind of work done, as SPINNER. SAWYER, BOOKKEEPER, atc	- spe	ime (yaars) nt in this upation yfa-d	Other Contributory Canses of Importance: 1 Moother
I	IME Puilland L. C. RTHPLACE (city or town) Less (State or country)	burgh	llya	Name of operation Date of Whet tast confirmed diagnosis? Was there en autopsy?
16. BIF		Mla ndria Cour	Vally d	23. If daath was due to extarnal causes (VIOLENCE) fill in also the following: Accidant, suicida, or homicide? Date of Injury (Specify city or town, county and State) Specify whather injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL	didross) RFN. Gauce, CREMATION, OR REMOVAL Ca. Premire 1 Paren	Toate 6/	26° ,193 =	Mannar of injury
19. UNOER (Ad	ddress)	Show	Leplh D. Registrar.	24. Was disaase or injury In any way related to occupation of deceased? The If so, spacify (Signad) What Was a space of the Management of

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	13	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		011	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state CORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. UNFADING INK-THIS IS A PERMANENT be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may supplied. mation should be carefully B.—WRITE PLAINLY, WI

V. S. No. 1

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1. PLACE OF DEATH	82-0
County AMMIGNING	Registration Dist. No. 218
Village or City germanylown &	(St. Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
Marsia Arman /	ds. How long in U.S. if of foreign birth? yrs. mos. ds
2. FULL NAME VIGURIA CONTROL C	no all
(a) Residence: No.	St.7 3 Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH 6 - 2 - 102 \$
to It married widowed as through	(Month) (Day) (Year)
%a. If merried, widowed, or divorced HUSBANO of (or) WIFE of	22. HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, dey, and yeer) Por -11-1856	i lest saw h la aiive on funde / 1935; death is sain
7. AGE Years - Months Deys If LESS then	to heve occurred on the date stated above, et
16 5 22 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importence were as follows:
8 Trade profession or particular	Oate of onset
kind of work dona, as SPINNER, Classicalies SAWYER, BOOKKEEPER, etc	Cerepal remonhage 3/25/3
9. Industry or business In which work wes dona, as SILK MILL.	el el el
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business In which work wes dona, as SILK MilL, SAW MILL, BANK, etc 10. Oela deceased lesi worked et this occupation (month) and the control of the control o	Crowne Charecystilia 1928
10. Oela deceased lesi worked et this occupetion (month and 1927 yeer)	
12. BIRTHPLACE (city or town) & rederich Co, and.	Other Contributary Causes of importance:
(Stala or country)	
13. NAME Family Crauford 14. BIRTHPLACE (city or town)	
I 14. BIRTHPLACE (city or town)	Name of operation
(Stete of country)	Whet test confirmed diagnosis? Wes there en autopsy?
15. MAIDEN NAME Many from Clay	23. If death was due to externel ceuses (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Many Aun Clay 16. BIRTHPLACE (city or town) For rederrok Co.	Accident, suicide, or homicida? Date of injury, 19
(State of Country)	Whera did injury occur?
17. INFORMANT Klary & , Risby (Address) germantam, frag.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Juridiuch Date June 3, 1933	Nature of injury
19. UNDERTAKER & Golden	24. Was disease or injury in any way related to occupation of deceased?
	(Signed) (Signed)
20. FILED 5., 1933 allreida The Registrar.	(Signed) Janthessong, Mid.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	ti	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		TOTAL POPULATION OF THE POPULA	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Year)

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	AN	Ī
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July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Registrar.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		USAISOSSI	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR FURTHER STATEMENTS BY	PHYSICIAN
		HITTO HAVE FREED,

STATE	OF	MARYI	AND-	CERTIF	ICATE	OF	DEAT	CH
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1. PLACE OF DEATH	
County moula	Registration Dist. No. 7 16
Village or City Chary Chase	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME John Ward Dum	114
(a) Residence: No. 3 Wesh The amakh	Lo. St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White Willows	21. DATE OF DEATH Month) (Par) (Par)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of many Remail	and the state of the contraction
6. DATE OF BIRTH (month, day, and year lest. 24 1861	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, atm.
1 3 4 1 1 1 1 1 1 1 1 1	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	burbal fumouhage
SAWYER, BODKKEEPER, etc.	Suditant
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
O 10. Date deceased last worked at this occupation (month and 3 WR) spent in this occupation coupation.	
11221 20	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	autino et leveris
13. NAME PEFER & During	
13. NAME PEFEN J. During 1 14. BIRTHPLACE (city or town) Pulland	Name of operation Date of
(State of Country)	What test confirmed diagnosis? North Was there an autopsy? No
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) Claude (State or country)	Accident, sulcide, or homicide?, 19
0.0	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
17. INFORMANT OF 1 1 A CHILLE OF THE CARDEN	Specify whether injury occurred in INDUSTRI, in HOME, WITH FUBLIC FLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place	Nature of injury
19. UNDERTAKER John M. Wlnight an	24. Was disease or injury in any way related to occupation of deceased?
(Address) / 3 3 7 - 10 7 . VI	If so, specify
20. FILED 6 - 8 , 19.33 Thomas (Comad	(Signed) Thomas Could M.D.
Registrar.	(Address) Chileting Charles

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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H	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	I GENISOUS WILL	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE 1	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06255
County County	Registration Dist. No. 2/2
Village or City Allender	
(IF	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurredyrsmos.	ds. How long in U.S. If of foraign birth? yrs. mos. ds.
2. FULL NAME COURT WHEN	www
(a) Residence; No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR-OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 22 - 193 3
5a. If marriad, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw he alive on 22 1933 : death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at
0 10 15 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca
8 Trade profession or particular	Date of onset
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, atc. 9. Industry or businass in which	10000 - Enellille 916/33
work was done, as SILK MILL, SAW MILL, BANK, etc.	Canse undergo
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data dacaasad last workad at this occupation (month and spent in this	(4)
yaar) occupation	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) new Compounte	Const Control of Importance.
(State or country)	
I 13. NAME I WOOLEY	
14. BIRTHPLACE (city or town) Danieseus	Name of oparation
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME With & Beack 16. BIRTHPLACE (city or town) Damaseus (State or country)	23. If daath was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicide? Date of Injury, 19
17. INFORMANT Frag. IV. Questell (Address) Fullman, and	Whare did Injury occur?(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATIDN, DR REMOVAL	Manner of Injury
Place Daniel Carlo Carrey Date Jana 23, 1933	Nature of injury
19. UNDERTAKER Ray W. Barlon (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED June 22 1933 Elf-White Registrar.	(Signed) (1) (Address) Anthersbury M.D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the ode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
400 637					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 062	56
1. PLACE OF DEATH	(127)	.0.,
County Montgomery	Registration Dist. No. 21	7
Village or City OS 200 11	I None Montgomery Country General Stood	b. Ward
	death occurred in a hospital or institution, give its NAM (instead of street and no. 1.5. ds. How long In U.S. if of foreign birth?	
2. FULL NAME Sherwood Thursell		
(a) Residence: No. Cartheratura	St., Ward.	
(d) Residence. ND. (Usual place of abode)	If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193_ 3 (Yeer)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Wardie Turall	22. I HEREBY CERTIFY, That I ettended d	eceased from
6. DATE OF BIRTH (month, day, end year) Nov. 22.1881	Mr . 0 .	death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$ 000 Am.	
5 2 5 1 6 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:	Date of onset
8. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and specific properties).	acute Parenehyma -	5/20/3
work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and year) 11. Total time (years) spant in this occupation 2 5		4.59.5
12. BIRTHPLACE (city or town) many and (State or country)	Other Contributory Causes of importance:	3/201
II 13. NAME + ranklin Turall.		2/20/-
13. NAME + ranklu Juvall 14. BIRTHPLACE (city or town) manyland (Stete or country)	Name of operation Challes the Date of What test confirmed diagnosis?	3/21/3 1'opsy? 727
15. MAIDEN NAME Edisabeth Purdum	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME & Regulation Purdum 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?	
17. INFORMANT Hospital Records (Address)	(Specify city or town, county and State Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLAY) CE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury	
Place Damascus Tod Date 6/10, 1933	Nature of Injury	
19. UNDERTAKER J. B. Beall Suc. (Address) Damas eus, ma.	24. Wes disease or injury in any wey releted to occupation of deceased?	20
20. FILED Jene 9, 19 3.3 CBaruley Registrar.	(Signed) Sandy Span	M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	ret.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
40.00			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state ORD. Every item of inforof OCCUPA. 1. PLACE OF DEATH County Village or City PHYSICIANS Langth of residence In city or town where death occurred. statement (a) Residence: No. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, PERMANENT R OR DIVORCED (write the word) classified 5a. If married, widowad or porced HUSBAND of (or) WIFE of 鱼 certificate. 6. DATE OF BIRTH (month, day, and yaar) properly 7. AGE Years Months Days stated 8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. THIS. OCCUPATION of 9. Industry or business in which work was done, as SILK MILL, instructions on back should it may SAW MILL, BANK, etc Date daceasad last worked at 11. Total time (years) this occupation (month and spant in this spant in this 30 so that 12. BIRTHPLACE (city or town) (State or country) supplied. CAUSE OF DEATH in plain terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) (State or country) be carefully MOTHER TION is very important. 15. MAIDEN NAME 16. BIRTHPLACE (city or tow (State or country 17. INFORMANT plnods -WRITE PL (Addrass) 18. BURIAL, CREMATION, OR REMOVAL mation 19. UNDERTAKER

(Address)

20. FILED.

	5-6)		
	Registration	Dist. No. 2/	6
	al or institution, give its NAM n U.S. if of foreign birth?	St., E instead of street ar	Ward number)
St., Ward			
St.,Ward		t give city or town a	and State
MEDI	CAL CERTIFICATI	OF DEATH	
21. DATE OF D	V	,	
	(Month)	(Day)	, 193 3 (Yéar)
22 I HE	REBY CERTIF	0	ed daceased from
I last saw h com al	10513 , to . (
	date stated above, at//_		3; daath is seid
	OF DEATH and related cause		
were as fellows:	7/		Date of onset
Carl	Mounto	4	May. 30 19
01 6 41 4			
Other Contributary Can	res of importance?	us	
	1,		
Name of operation	Mone	Date of	
What tast confirmed dia	gaosis?Koul	Was there a	n autopsy? Ho
23. If death was due to e	xternal causes (VIOLENCE) f	ill In also tha follow	ing:
Accident, suicide, or ho	micide?	Date of injury	, 19
Where did Injury occur		r town, county and S	State)
	occurred in INDUSTRY, in H	OME, or in PUBLIC	PLACE.
Manner of Injury			
Nature of injury			
24. Was disease or Injur	y in any way related to occur	pation of deceasad?	No
If so, specify	MAN THE	1	
(Cinned)	anvollen	une	M D
(Signed)	610h.C	- 16	1.20

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

If LESS than

I day-h or min.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		MECHANICAL	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

FOR

RESERVED

MARGIN

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car. . . (1) 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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20, FILED.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registra

(Signed)

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
	OF ITOES	T O TO	T CACTURE	O TITE THE TOTAL TO	AP A	T THE WOLLDSTAN

3. J. Fhin

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		<u> </u>	
County Many	·	Registration Dist. No. 2/9	
Village or City Jefnmon	N	NoSt.,	Ward
Length of residence In city or town where death occur		death occurred in a hospital or institution, give its NAME instead of street and numl	
1 7 h	an Pers		
2. FULL NAME CALLY	uce of a		
(a) Residence: No.	ual place of abode)	St., Ward. If nonresident give city or town and Stat	e
PERSONAL AND STATISTICAL F		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SING	LE, MARRIED, WIDOWED.	21. DATE OF DEATH	
F W.	IVORCED (write the word)	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBANO of			
(or) WIFE of des di Fra	eves	22. I HEREBY CERTIFY, Thet I attended dece	eased from
- DATE OF DIDTE (108/	0	eath is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months D	lays If LESS than	to heve occurred on the date stated above, at 5.4.3.	ath 12 Said
111	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end ralated causes of importence	
8. Trade, profession, or particular	o or min.	were as follows:	ate of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	sevefe	D. Carrier of the lates of the	1-7
9, Industry or business in which		Tineral Mintageria	mo
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (month and	ne-		
	I. Totel time (yeers) spant in this		
yeer)	occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Cagnet	when		
(Stete or country)	Co. ma		
13. NAME CHAS M. STULE 14. BIRTHPLACE (city or town) John (State or country)	0		
14. BIRTHPLACE (city or town)	9	Name of operation. Removed of Proceed Date of	900
(Stete of country)		What test confirmed diegnosis? Much Machine Was there an auto	psy?
15. MAIDEN NAME Jarah Robert 16. BIRTHPLACE (city or town)		23. If death was due to externel causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	9	Accident, suicide, or homicide? Date of injury	, 19
(Stete or country)	nguna	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Deg di drae	no	Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) 18. BURIAL, CREMATION, OR REMOVAL			
Place MILTAN Man Corresponden	June 4 1033	Manner of injury	
A. M. C.		Nature of injury	12
19. UNOERTAKER W. O. Ocen	Wind was	24. Was disease or injury In any way releted to occupation of deceased?	
(Address) Kingson	The Ind	If so, specify	
20. FILED June 2, 1933 Wd	dama's	(Signed) Kensingh M	M. D.
	Registrar.	(Address) Letter V. S. No. 1.	

B.—WRITE PLAINLY

ż

PHYSICIANS should state

stated EXACTLY. properly classified.

UNFADING INK-THIS MARGIN RESERVED

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

supplied.

BINDING

FOR

of OCCUPA-

Exact statement

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Example 1	1	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GRIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ING	N. B.—WRITE PLAINLY, WIRA UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING	INK—THIS IS A PERMASE should be stated EXA nat it may be properly class is on back of certificate.
MARGIN R	B.—WRITE PLAINLY, WITA UNFADING INK—THIS IS A PER mation should be carefully supplied. AGE should be stated EXCAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLA mation should CAUSE OF DI TION is very

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06261
1. PLACE OF DEATH	211-200
County Monly; Co.	Registration Dist. No. 2/3
Village or City Near Lamestour.	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Webb Sellman Oders	sevaev.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
male White OR DIVORCED (raving the mord) married.	(Month) (Day) (Yeer),
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kustand & Vivginia Gaitell	22. I HEREBY CERTIFY, Thet I allended decessed from
6. DATE OF BIRTH (month, day, and year) May. 1 1902	tast saw h alive on 19 deeth is said
7. AGE Years Months Deys If LESS then	to have occurred on the date steted above, at 7.30 A.m.
31 3/ 3 / 17 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importance were es follows:
8. Trede, profession, or perticular kind of work done, es SPINNER, auth patrolman	Nemorias + Short
Kind of work done, es SPINNER, auth panaman Kind of work done, es SPINNER, auth panaman SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased lest worked at this occupation (month and year) 11. Total time (yeers) spent in this occupation 2 gue.	(Heat ton H)
12. BIRTHPLACE (city or town) Poolesville Md	Other Contributory Causes of importance:
(State or country)	11 stor light croncing
E	m
[State or country]	Neme of operation
15. MAIDEN NAME anna Paole Sellman	23. If deeth wes due to external ceuses (VIOL ENCE) fill in also the following:
15. MAIDEN NAME and Paole, Sellman 16. BIRTHPLACE (city or town) Paole ille Maintenance (Stete or country)	Accident, suicide, or homicide? Allers Dete of injury 1923 Where did injury occur? Pelor Dernature 1923
17. INFORMANT Evelyn Dusperger. (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place - Bed swill - Jobete Lune 25., 19.3.3	Manner of Injury Head on Coloren Soits. Nature of injury Head to be Af- Missourial Machine
19. UNDERTAKER Hall Hall	24. Wes disease or Injury in any way related to occupation of deceesed? If so, specify Market on the American Company of the second of the se
20. FILED June 1 9 , 1933 lylin D Source Me J. Registrar.	(Signed) M. D. (Address) M. D.
	PART N. Charles Street Beltimore Requestion 71 S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The injustry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I	ni i	Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nep		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WINT UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. V. S. Mo. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	200-00 (16262
County Monty	Registration Dist. No. 2/2
Village or City Dehlason	No. St, Ward
(If Length of casidanca in city or town whara death occurred 13 yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? yrs ds.
	A/ - B - 1
2. FULL NAME James Robert	Aceks Thysician
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write this word)	21. DATE OF DEATH
Male White married	(Month) (Day) (Yaar)
5a. If marriad, widowed, or divorced HUSBANO of	22 I HEREBY CERTIFY, That I attended decased from
(or) WIFE of Clya Walker Hicks	may 27 1933 to Jun 9 1 19 03
6. DATE OF BIRTH (month day, and year) 2 Avr 1/0, 1854	Hast saw h funaliva on. June 1944 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10, 300.
78 7 23 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and ralatad causas of importance were as leftows:
8 Trada profession or particular	Gracfued alna, Reto Date of may
8. Irada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	and transmatie 7tip, 279
or industry or businass in which work was dona, as SILK MILL,	but to automobile 1983
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Sindustry or businass in which work was done, as STIK MILL, SAW MILL, BANK, atc. 10. Data deceased last worked at this occupation (month and spent in this	vel dot
10. Data deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 49	
12. BIRTIIPLACE (city or town) Dicksville	Other Contributory Causes of importance:
(State or country) Virginia	drose bad
13. NAME Peter TP. Hicks	trabific melific
13. NAME / Ten / Hicks 14. BIRTHPLACE (city or town) Nicksville	Nama of oparation. Date of
(State of Country) Viviginia	What test confirmed diagnosis? Was there an autopsy? 2.3.
15. MAIOEN NAME Elizabeth Jane Maxwell 16. BIRTHPLACE (city or town) Hebsvelle (State or country)	23. If death was dua to external causes (VIOLENCE) fill in also tha following:
[6] 16, BIRTHPLACE (city or town) Aleksvelle	Accidant, suicida, or homicide? Landate of injury 5/37, 19.32
S (State or country) Virginia	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Elizabeth Theks Koberson	Spacify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) (Richerson, Md. 18. BURIAC, CREMATION, OR REMOVAL	two togowy
Place Deallerellern de Delle 1933	Manner of injury.
	Natura of Injury
19. UNDERTAKER Harmen German Maria	24. Was disease or injury in any way related to occupation of deceased?
1	If so, specify (Signad) Elsewhere M. D.
20. FILED Jun 10, 1933 W. Whife Registrar.	(Address) Prolecular
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A CONTRACT OF THE RESERVE THE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	(lastroenteritis	1 year

MARGIN RESERVED FOR BINDING

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforsupplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WI

1	I. PLACE OF			F MAR	YLAND-	CERTIFICATE OF DEATH 06	263
	County Village or Cit	ty	ontg G Gaithe	rsburg	yrsmos	Registration Dist. No. 2 No. St., death occurred in a hospital or institution, give its NAME instead of street and r. ds. How long in U.S. if of foreign birth? yrs. me	Ward
2	(a) Residence			Hawkins thersbu (Usualplace	rg d	St., Ward. If nonresident give city or town and	State
	PERSON	AL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	emale		r or race	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (which the word)	21. DATE OF DEATH	33
	If married, widowe HUSBAND of (or) WIFE of	d, or divo	rced			22. HEREBY CERTIFY. Thet I attended 1930 19 10 6-14-33	
6.	DATE OF BIRTH (n	nonth dev	and year)	Mar Is	t 1838	6-14-33	: deeth is said
_	AGE Years		Months	Deys	If LESS then	to have occurred on the date stated above, atm.	, 55000 15 5415
-	838	95	3	13	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importence	
OCCUPATION	9. Industry or by work wes. SAW MILL 10. Dete deceesed this occupa yeer)	ork done, BOOKKEE usiness In done, as S , BANK, e d last wor ation (mor	as SPINNER, PER, etc which ILK MILL, tc ked at ith and		ime (yeers) 20 nt in this 20 upation	Other Coutributery Causes of Importence:	./.1.2.1.
	(State or count	or town).	Paln	s-Chape	W.V.B.	aute Carolina altelation	6-14-33
FATHER	13. NAME 14. BIRTHPLACE ((State or c	city or to	₩n)	Hinton W. V.a		Neme of operation Date of Whet test confirmed diegnosis? Wes there an e	utopsy? 22
MOTHER	15. MAIDEN NAM 16. BIRTHPLACE ((Stete or c	city or to	Ellan	J Hawk W Va	ins	23. If death wes due to externel ceuses (VIOLENCE) fill in also the following Accident, sulcide, or homicide?	:
17.	INFORMANT HO (Address)	me C		thersbu		(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA) CE,
18.	Place J		I6th P	oins Cha	ipel W V	Manner of Injury	
-	UNDERTAKER (Address)	E 16,1	933 Ch	tner ithersbi	Registrar.	24. Wes disease or Injury In eny way related to occupetion of decessed? If so, specify (Signed) (Address) (Address)	M. D.
			If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	Vi en la

V. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B. certificate.

TION is very important. See instructions on back of

PHYSICIANS should state

CORD. Every item of infor-

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06264
1. PLACE OF DEATH	91.0
County monteoners	Registration Distant. 217
Village or City Sandy Spring	No. Monatoner Gunty Leneral Hospital
(lf	death occurred in a hospitalor institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos.	ds. How long In U. S. if of foreign birth?yrsds.
2. FULL NAME Walkam d.	Fellow
(a) Residence: No. Derwood	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR DIVORCED (write the word)	June 4 1932
5a. If marriad, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from
	7ch ,182, to Sure 4, 1933
6. DATE OF BIRTH (month, day, and year)	I last saw h sizealiva on
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at
about 58 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trada, profassion, or particular kind of work done, as SPINNER,	Pulmonary I deman Hose !
Kind of work done, as SPINNER, Farm Work Kind of work done, as SPINNER, Farm Work SAWYER, BDDKKEEPER, etc. Farm Work Work was dona, as SILK MILL, SAW MILL, BANK, atc. Farm farm farm 10. Date decased last worked at this securation (month and the states)	V
work was dona, as SILK MILL, Dairy farms	
10. Date decaased last worked at 11. Total time (yaars)	
o this occupation (month and 1932 spent in this yaar) spent in this	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance;
(State or country) Med.	Chronic Mugtewalilis
13. NAME John Il Hillon	
13. NAME John H. Hillon 14. BIRTHPLACE (city or town)	Nama of operation Date of
(Stata or country) Prof.	What test confirmed diagnosis?
15. MAIDEN NAME Ellen Grass	23. If daath was dua to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Ellen Grang 16. BIRTHPLACE (city or town) Market Company (State or country)	Accident, suicide, or homicide?
∑ (State or country)	Where did injury occur?
17. INFORMANT Rena Hillon	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place Languages Data Juna 7, 1933	Nature of injury
ARAS onel Sec.	
19. UNDERTAKER (Addiess) Admascus MA	24. Was disease or injury in any way related to occupation of paceased? If so, spacify
20. FILED June 3 61933 CS 3 asusley	(Signad) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1928	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DE County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town How long in U.S. if of foreign birth? _____ yrs. ____ mos.__ (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIMORCED (write the word) (Month) 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY, Thet I attended decaased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Days If LESS than Months to have occurred on the date stated above at & 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trade, profession, or particular NOI kind of work dona, as SPINNER, RESERVED SAWYER, BODKKEEPER, etc OCCUPAT may Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ... ID. Date deceased lest worked et 11. Total time (yaars) this occupation (month and spant In this occupation Other Contributory Causes of importance 12. BIRTHPLACE (city or town) ... MARGIN Occurred in Montgomon Country manyland (State or country) FATHER 13. NAME Name of operation 14. BIRTHPLACE (city or town). (State or country) What test confirmed diagnosis? Was there an autopsy?____ a MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? accident. Data of injury dune 4, 19 33. DEATH 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur? The Judlie (Specify city or fown, county and State)
Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE 17. INFDRMANT plnods (Address) 18. BURIAL, CREMATION, DR REMOVAL mation Nature of injury. Unito mobile occidents. 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER If so, specify (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		(MECENED)	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

Every item of information should be carefully supplied. AGE should be stated EXACKLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ORD A PERMANENT -THIS IS INK WITH UNFADING PLAINL

09

Z

I PLACE OF DEATH

STATE OF MARYLAND

Cour	by Montgomery (13)	CERTIFICATE OF DEATH
		Registration Dist. No. 216
Villa	ge or City Mart Chang Chare (No. ,	St.; Ward) [If death occurred in a hespital or institution, give its NAME instead of street and number.]
	2 FULL NAME John Bernard 1	Lane
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE STINGLE, WIRDWILD OR DIVORCED (Write the word) Married	16 DATE OF DEATH (Month) (Day) (Year)
6 DA	TE OF BIRTH	HEREBY CERTIFY, That I attended deceased from
7 AG	(Month) (Day) (Year)	that I last saw h Am alive on Am 17 ,18133
	3 9 yrs 5 mes 46s OR min.?	The CAUSE OF DEATH & was as follows:
(8	Trade, prefession, or A	/ 01
O BB	Clouder kind of work 05 19 1 November 19 19 19 19 19 19 19 19 19 19 19 19 19	Chronic M. of malitim Chronic man do
* 81	RTHPLACE (State or sountry) Was hung Ton D &	Secondary rephrite: each, 5 years' duration
	10 NAME OF FATHER Some Kane	(Signed) Matthew & Donahue
N L	11 BIRTHPLACE OF FATHER (Reade or country) Washington D. C.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicipal or Homicipal.
PAR	of Mother Catherine Shirkman	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (Blate or constry) (State or constry)	OR RECENT RESIDENTS) At place to the of death yrs. mos. ds. State, yrs. mos. ds.
14 TH	(Informant)	Where was assesse contracted, If not at piace of death ? Fermer or send recidence
16	(Address) 707 Bradley Rd. Md.	10 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mt. Olvet lemelon June 16, 1002
Flie	June 14, 1933 BC Clerry In A	Lames 1. Clemente Jone 1241 Wilm Wash De

16 mars blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, applies to each and every person, irrespective of age business, that fact may be indicated thus. Farmer (retired Housemuid, etc. engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or wife. Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day loborer. Furm lubarer, Loborer only when needed. As examples: (a) Spinner, (b) Collon "Foreman," "Manager, of the second statement. mobile factory. The material worked on may form part is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-(a) Salesman, (b) Grocery; (a) Foreman, Compositor, Architect, For persons who have no occupation whatever If the occupation has been changed ," "Pealer," etc., without more At home. Care should be Never return Locomotive engineer, If retired from "Laborer, (b) Auto-

DENDER causing DEATH (the primary affection with respect to spinal moninger ... Typhond Statement of Cause of Death-Name, first, the DISEASE (the only definite synonym is "Epidemic cerebroand causation) using always the same accepted for the same disease . PARILLE ... D: htt. ra are of "Croup"); Tuberculasis of lungs, menin Examples. THE PARTY. 1-4-14- (\$11-50 c) -1 phennionia" Cerebrospinal

> on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicade. The nature of the injury, as fracture of skull, and consequences (e. head-homicide; Poisoned Struck by railway train-accident, Revolver wound SUICIDAL, or HOMICIDAL. or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," mus," "Old Age," "Shock." "Uraemia," "Weakness. "Anaemia" (merely symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" to determine definitely Examples: Accidental drowning, cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marusgenital," "Scnile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvulor heart disease; Chronic interstitied "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "Puenpenal sephchuemio." The contributory (secondary or intercur-2., sepsis, tetanus) may be stated etc. State cause for which by carbolic acid-probably "Dropsy," Never report mere "Exhaustion," ("Con-

If this certificate is booked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1.00

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

W.	0	12	0	20.0	
U	U	4	3	6	

1. PLACE OF DEATH	<u> </u>
County Monly oming	Registration Dist. No. 218
Village or City 22 nd Lay Cons wille	No. St., Ward
Langth of residance in city or town where death occurredyrs,mo	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Buly Lamman	
(a) Residence: No. 222 Lay Land Lille & (Usual place of abode)	Mard. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX, smale 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) June 10. 1933	i last saw h 2044 elive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above at 3 P m
0 1 day, 0 hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Prismalus Quita and Date of onest
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occuration (month) and	a) well a formation
SAW MILL, BANK, etc	Still home
O 10 Date deceased last worked at this occupation (month and year) occupation (month and year)	The state of the s
12. BIRTHPLACE (city or town). 122 an Laylousville Man	Other Contributory Causes of importance:
(State or country)	
13. NAME (Markin Tenely) 14. BIRTHPLACE (city or town) 200 Lary Large Levensulle.	
14. BIRTHPLACE (city or town) Tay homeselle	Name of operation
(Stata or country)	What test confirmed diegnosis? Was there en eu!opsy?
15. MAIDEN NAME Mande Vioyuna Vagina	23. If daath was due to externel causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) 124 Minuty 124	Accidant, suicida, or homicide?
17. INFORMANT Marke Bergman	Whara did injury occur? (Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Jaithershurg, mo	
18. BURIAL, CREMATION, OR REMOVAL Place Set Course M S Date June 11, 1933	Manner of Injury
19. UNDERTAKER Roy W Barbar	Nature of Injury 24. Was disaase or injury in eny way ralated to occupation of deceased?
(Addrass) (Lay londelle	If so, spacify
20. FILED Wess 11., 19.3.3. D. It Dylor Registrar.	(Signad) A GRAN M. D. (Addrass) A GRAN M. D.
If more blanks are meeded balance State Barren	N. C. I. C P. I. P

ts are needed address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	The same of	Example II	
The principal cause of death and related causes of importance were as follows:	BOTH	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The state of the s			

PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-EXACTLY. properly classified: certificate. stated be See instructions on back of should CAUSE OF DEATH in plain terms, so that it may AGE mation should be carefully supplied. TION is very important. B.-WRITE ż

IARGIN RESERVED FOR BINDING

V. S. No. 1

1 BLACE OF BEATH	
1. PLACE OF DEATH	99-c) D 1//
County /// Orugorhen	Registration Dist. No.
Village or City Affen Claswille	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrsgreenyrsgreenyrsgreen	
2. FULL NAME Righard	Lewis,
(a) Residence: No. Menterville (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE	22. I HEREBY CERTIFY, That I attended decessed fro
12 1870	I last saw hairs alive on Security 9 1933 deeth is sai
6. DATE OF BIRTH (month, day, and year) whe day 18 10 17. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 127% m.
62 N 18 1 dayhrs.	The PRINCIPAL CAUSE OF DEATH and related cades of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Painter SAWYER, BOOKKEEPER, etc.	acute deletalism of heart Jung,
Kind of work done, as SPINNER, Colorate	14,
10. Date deceased last worked at this occupation (month end yeer)	
O O	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stete or country)	Mys candelia 193
13. NAME William Lewis	
14. BIRTHPLACE (city or town) wales	Neme of operation Dete of Dete of
7 00	What test confirmed diagnosis? W. D Wes there en autopsy? A. 23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT MILES,	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Spencer Helle, Mod.	
Place Washington Done June 10, 1933	Manner of injury
19. UNDERTAKER 2 457 14 18 39 10 10 10 10 10 10 10 10 10 10 10 10 10	24. Was disease or injury in any way related to occupation of deceased?
20. FILED. 6/10, 1933 F. E. Wildow & Registrar.	(Signed) M. Nagara M. M. (Address) \$512 Bas are filory throng the

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06269
County Moulgomery	Registration Dist. No. 2/3
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (Year)
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 12 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and year) occupation.	Cerebral apoplegg lipsil
12. BIRTHPLACE (city or town) To abwells mof. (State or country) 13. NAME 13. NAME	Other Cuntributary Causes of importance: Arthrio Selerotic
13. NAME Samuel A Mactack 14. BIRTHPLACE (city or town) & cts velle (Stata or country) Carroel Country Olivs	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Connic & Davis 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT Miss agus Martack (Address) (Address)	23. If death was due to extarnal causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION OR REMOVAL Place Church Ly Pochvelloate June 8, 19-33	Manner of injury
19. UNDERTAKER Drug Peuben Pampolury (Address) Po chwille Manyland 20. FILED 19 33 Mrs. W. J. Brace	24. Was disease or injury in any way related to occupation of deceased?
6/2 33 no 21 1 0	6. 21 21 2

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUPRATI V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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•	RECO	K. 7	Exact
INDING	RMANEN	XACTL	classified.
FOR B	IS A PE	stated E	properly
Q	HIS	pe	pe
SERVI	NK-T	plnods	it may
RE	NGI	AGE	that
MARGIN RESERVED FOR BINDING	PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	ould be carefully supplied. AGE should be stated EXACTLY. PHYS	F DEATH in plain terms, so that it may be properly classified. Exact sta
	WIT	fully	in pla
	NLY,	be care	SATH !
	PLAI	plnc	F DE

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06270
1. PLACE OF DEATH	
County Montgomery AATELIMITE	Registration Dist. No. 223
Village or City Talkonal Park und	No. 3 19 Gaslas al avenuest, Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth? 46 yrs
2. FULL NAME Ethel B. Wa neil	
(a) Residence: No. 310 Tulifo avenue (Ususiplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Sold Married Wild and Additional Control of the word)	21. DATE OF DEATH JUNE /6 (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of Corbut L. MC-mil	22. OCTUBER EBY CERTIFY, That I attended decaased from 1923
6. DATE OF BIRTH (month, day, and year) October 9 = 1872	I last saw h E ? aliva on J. V. N.E. 16 193 3; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated abova, at
60 8 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER. Housewife.	Cerebral homomoge
kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at OCC. 11. Total time (years) this occupation (month and a company).	0
1D. Date deceased last worked at Oct. this occupation (month and 97,193) spant in this occupation occupation.	
12. BIRTHPLACE (city or town) Muskoka Lakes (State or country)	Other Contributory Causes of importance:
13. NAME William Baskey 14. BIRTHPLACE (city or town) Chaster	Name of oparation. Data of
(State of Country)	What test confirmed diagnosis? Clunical Was there an eu'opsy?-ho-
15. MAIDEN NAME Margaret andrews 16. BIRTHPLACE (city or town) Classifications (State or country)	23. If death was due to external causes (VIDLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accidant, suicide, or homicida?
17. INFORMANT Better to Salvine (Address) 502 Carrell our Calonia Pokto	Whera did injury occur?(Specify city or town, county and State) Specify whather injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL Place Washington Copete June 17,1933.	Manner of injury
19. UNDERTAKER N. W. Chqueling Quality (Address) 1400 Chapin St. H. H.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED June 16, 19. 33 / 26. 6. Registrar.	(Signed) Mm. a. Shannon (Address) 1.1.3. Carroll St. Takoma CK.
If more blanks are needed, address State Registrar	2411 N. Charles Street Baltimore, Requesting 7), S. No. 7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Exan	iple I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	2017 15 -2	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	9 17 .	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUKLE	July5;1927	Peritonitis	3 days ago
			•	
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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TION is very important. See instructions on back of certificate.

mation should be carefully

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PHYSICIANS should state Exact statement of OCCUPA-ORD. Every item of infor-UNFADING INK-THIS IS A PERMANENT IL supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING

STATE OF	MARY	LAND-	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	-		(49)	
County Montgomery			Registration Dist. No. 2/3	
Village or City Rock ville			No. Chestnut dadge Sanitarium St., Wa	rd
		(16	death occurred in a hospital or institution, give its NAME instead of street and number) . / 4 ds. How long In U.S. if of foreign birth?	
Length of residence in city or town whare death	occurred /_ /_	_yrs@mos		is.
(a) Residence: No. Chestrut &	ledge Sa	erphy miturium	2 St., Ward. Morth adams Mass	
PERSONAL AND STATISTICA	(Usual place of		If nonresident give eity or hown and State MEDICAL CERTIFICATE OF DEATH	_
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRII	ED, WIDOWED,	21. DATE OF DEATH	-
Female White	OR DIVORCED (June 5, 1933	
5a. If married, widowed, or divorced	A COUNTY	=	(Month) (Day) (Year)	200
HUSBAND of (or) WIFE of			22. I HEREBY CERTLEY, That + attended deceased from	om
0	.,	1010	Mov. 21 ,1918, to June 5 ,193:	1.
7. AGE Years Months	Days	1869 If LESS than	I last saw her alive on 1933; death is so	ıld
64 2	-	1 day,hrs.	to have occurred on the date stated above, at	
2 Trade profession or particular		ormin.	were as follows:	
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	none		Cipt a dine carelinoma of marc	R
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9, Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date daceased lest workad at this occupation (month and			right ovary 1933	
1D. Date daceased lest worked at this occupation (month and year)	11. Total time spent i occupa	(years) n this tion		
12. BIRTHPLACE (city or town) 700.46 Q. (Stata or country) mass a	Lance		Other Contributary Canses of importance: Arthrise Clerous	
	Λ		Chrome myoeardeter	
H			manie - Ayresiwe Prychopis 1918	
14. BIRTHPLACE (city or town) (State or country)	Lauce_		Name of operation	
	uiney		What tast confirmed diagnosis? Was there an autopsy? 23. If death was dua to external causes (VIOLENCE) fill in also the following:	
1 0 0.00	rech		Accident, suicide, or homicide?	
16. BIRTHPLACE (city or town) (State or country)	M. M.		Where did injury occur?	
17. INFORMANT B. 9. Murphy (Address) 618 5 outhern Bilda	Israshina	Hore M.C.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Manner of injury	~ 0
Place St. Marya no. Kochrelle D	ateAnne	1933	Nature of injury	
19 UNDERTAKER LOM, Prubrul	Planeto	Pure	24. Wes disease or injury in any way related to occupation of deceased?	
(Address) Rockeville	mari	rland	if so, specify	
20. FILED 6/7 19.33 mms	UJ B	ace	(Signad) Somest Esley, M.	D.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

state

PHYSICIANS should

stated EXACTTA

AGE should be

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TION is very important.

CAUSE OF DEATH in plain terms, so that it may be

certificate.

See instructions on back of

of OCCUPA.

Exact statement

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 06272
1. PLACE OF DEATH	The second secon
county mintermen.	Registration Dist. No. 235
Village or City Rochvelle	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residance in city or town whare death occurredyrsmos.	ds. How long in U. S. if of foreign birth?mosds.
2. FULL NAME This auce nel	linger
(a) Residence: No. I when the 2	ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS \$\text{3.SEX} 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
OR-DIVORCED (write the word)	21. DATE OF DEATH une 21
Jamale Wille Widowed	(Month) (Day) (Year)
a. If married, widowad, or divorced HUSBAND of	22. 1 HEREBY CERTIFY, That I attanded decaased from
(or) WIFE of Tredrick B. Vellinger	Jane 12 1933, Jame 2/1933
6. DATE OF BIRTH (month, day, and year) mas, 40/1854	1 /ast saw hall aliva on June 2/ 1933 death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date state above, at 1.3 (Am.
79 3 1/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
9 Tenda proposity or continuous	Caremone of Chetum Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	
SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWWER, BDDKKEEPER, etc. 10. Date deceased last workad at this preparation (month and this preparation (month and specific paratics).	
SAW MILL, BANK, etc	
year) occupation	Other Coatributory Causes of Importance:
12. BIRTHPLACE (city or town) Traching	Terrical Lear from
(Stata or country) Mary land	vogine a reftim
14. BIRTHPLACE (city or town) Fit drick Co.	
4 14. BIRTHPLACE (city or town) Tredrick Co	Nama of operation Date of
(State of country)	Whet tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Unbergrand 16. BIRTHPLACE (city or town) Ludrick	23. If daath was due to external causes (VIOLENCE) fill In also the following:
0 16. BIRTHPLACE (city or town) Tuckrick 1	Accident, suicide, or homicide? Date of injury, 19
(State or country) Mayland	Where did Injury occur?
17. INFORMANT Thedrick Arthurge (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Fundrick	Manner of Injury
Placal Nr. glaves ruy. Date June 22,19.33	Nature of Injury
19. UNDERTAKER OM, Paulow Vinnblury	24. Was disease or injury in any way related to occupation of daceasad? The
(Addrass) Robert March	If so, specify C & Lawks
10 sura le - 22 .33 mis W.T. Grade	(Signad)
20. FILED	Markette 9 N

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	
County ockwelle.	Registration Dist. No. 2) 3
Village or City Moulainnen	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
$C(A \cap \{1\}) \cap A(A)$	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Edw. 1). Chell	nullin rebraska
(a) Residence: No. Unital place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX / 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
hale white OR DIVORCED write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced	(, , , , , , , , , , , , , , , , , , ,
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Isalan & about	June 20, 19 33, 10 June 20, 1933
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw land alive on 1933; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
0 /	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Scissors Grunder	Coronary Occulsion 6-20-5;
9. Industry or husiness in which	Colonary villes on 6-20-33
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Cuntributary Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	untanown
13. NAME Linkson	eth.
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
State or country)	Where did injury occur?
17. INFORMANT Place records (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL OSLU. 12002 8 33	Manner of Injury
Place aranty Hogare Date 1933	Nature of Injury
19, UNDERTAKER Win Kenber Kumphing	24. Was disease or injury In any way related to occupation of deceased?
(Address)	If so, specify
20 FILED 6/28 1933 Mus. W. F. Rock	(Signed) fry O. Mungeling M. D.
Registrar.	(Address) authority md.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		V.	
Other contributory eauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

N. B.-

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Montgomery County



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 216

PE	RSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
sex Female	4 COLOR OR RACE White	SSINGLE, SINGLE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH
DATE	July 19, 18	73 , 1	7 HEREBY CERTIFY, That attended the deceased 1
	(Month)) (Day) (Yea	that I last saw h & alive on June 192
AGE	59 yrs. 10	mos. 27 ds. or m	The CAUSE OF DEATH & man or fellower
(b) Gen business	de, profession or ar kind of work eral nature of industry s, or establishment in	Retired	(Duration) yy. mos 26
	mployed or (employer)	•••••••	Contributory Carrles follows
	e or country) Peckvil	le, Pa.	
10 N	Peckvil AME OF THER William W.		(Signed) Edum O office of
10 N. FA	AME OF THER William W.		(Signed). (Duration) yrs mos mos mos mos mos mos mos mos mos mo
10 N. FA 11 Bill OF	PECKVII AME OF THER William W. RTHPLACE FATHER State or country) Peckvi Alden Name	Peck,	(Signed)
10 N. FA 11 Bill OF (5) 12 M OF 13 Bill OF	RTHPLACE FATHER State or country) AIDEN NAME MOTHER SUSAN E	Peck,	(Signed). (Duration) yrs mos. (Signed). (Address) (Address) (Address) (Signed). (Signed). (Address) (Signed). (Signed). (Signed). (Address) (Signed). (Address) (Signed). (Address) (Signed). (Address) (Death, or, is deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tients or Recent Residents) At place of death yrs mos ds, State yrs mos mos mos mos mos mos mos mos mos mo
(State 10 N. FA 11 Bill OF (6) 12 M OF 13 Bill OF (7) (7) (7) THE A	PECKVII AME OF THER William W. RTHPLACE FATHER State or country) Peckvi Alden Name MOTHER Susan E	Peck, lle, Pa. Imma Robinson, nsylvania.	(Signed)

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman. Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many 6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions," perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on Nomenclature Chronic etc. The valvular heart disease; contributory

If this cartificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDIN	PERMANE
FOR	V SI
MARGIN RESERVED FOR BINDIN	N. B.—WRITE PLAINLY, WIT TINFADING INK.—THIS IS A PERMANE
MAKGIN	IINFADIN
	WI
	PLAINI.Y.
10.1	-WRITE
V. 7. NO.	N

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 06276
1. PLACE OF DEATH	93-20
County Mulgania	Registration Dist, No. 2/3
Village of City Darueslows	B. P.D. Sartherbuy Ma St., Ward
Length of residence in city or town where deeth occurredyrs,n	(If death occurred in a horpital or institution, give itan SAME instead of street and number) gs ds. How long in U. S. If of foreign birth? yrs mos ds.
2. FULL NAME Hannals M. Rick	
(a) Residence: No. (RYAH 3 Parthurg)	Nost. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (varieties word) Thursday Marrie 4.	21. DATE OF DEATH (Month) (Dey) (Yeer)
5a. If married, widowed, or divorced HUSBAND of Corp WIFE of A	22. I HEREBY CERTIFY Thet I ettanded daceesed from
Time of the state of	May 2 1923 to pul / 1983
6. DATE OF BIRTI (month, day, and yeer) Man / 8 8 7. AGE Years Months Days If LESS then	I lest saw have alive on fuse 19. 19.8 3; deeth is seld
7. AGE Years Months Days If LESS then I day	to heve occurred on the deta steted above, at 5
, 01	were as follows: Date of onset
8. Trede, profession, or perticular kind of work done, as SPINNER, Housewill SAWYER, BOOKKEPER, etc.	My cardles 1932
9. Industry or business in which work was done, as SILK MILL,	Tay and the state of the state
SAW MILL, BANK, etc.	
10. Date decaased last worked et this occupation (month end yeer) 11. Total fine (years) spant in this 40 %	
M/ 0 0 /	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) Way (Stete or country)	Chleria Peleroses 1920
E 13. NAME (And Wordward	
	news
14. BIRTHPLACE (city or town) MA (State or country)	Neme of operation Data of What test confirmed discretized
15. MAIDEN NAME Many Durall	What test confirmed diegnosis?
16. BIRTHPLACE (city or town) Marylad	Accident, suicide, or homicide?
(State or country)	Where did Injury occur?
17. INFORMANT John F Ricks (Address) R 4 D H 3 garkershing M	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Plece Line Ustra Deta fine 20, 193	Neture of injury
	24. Wes diseese or injury In eny wey releted to occupetion of deceesed? 200 -
19. UNDERTAKER WATER CADDIES (Address) Rock Lill Wal	If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
9			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

ARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY I	PHYSICIAN
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MARGIN RESERVED FOR BINDING

1	. PLACE OI		. 1			85-	0	0	, ,
	County		w oz	3			Registration	on Dist. No. 2	15
	Village or C	ity Woods1	de, Mi	ylan		No. If death occurred in a hospital o	Linkowski din is NA	St.,	Wa
	Length of resi	dence in city or town	where death or	ccurred		s ds. How long in U			
2	. FULL NAI	ME MAZIE	SCHNEI	DER.					
		ce: No. 8707		,	ive.	St., Ward.	Woodside.	Maryland.	
-	(-)				e of abode)		If nonreside	ent give city or lown	and State
		AL AND STA				-	AL CERTIFICAT	TE OF DEATH	
	male	4. COLOR OR RA	OF		RRIED, WtDOWED, ED (write the word) ed	21. DATE OF DEA	Month)	(Day)	193 3 (Year)
5a.	If married, widow HUSBAND of (or) WIFE of	ed or divorced le	hner	de		22. M I HER	22	FA. That I attend	
6. I	DATE OF BIRTH	month, day, end year	Dec. 1	18, 1	882	I last sew h alive	on June	June 3	ر کـــ , 19 کـــ ; death is s
7. /	NGE Yea	rs Moi	nths	Days	if LESS than 1 day,hrs	to heve occurred on the da		30 Am.	
	5.	1 5		3	ormin.	The PRINCIPAL CAUSE Of were as follows:	F DEATH end related ca	auses of Importance	Date of one
LION	kind of w	ssion, or particular vork done, es SPINN	ER,	/		horok to	Hann	1	A
ATI	9. Lidustry or 1	BOOKKEEPER, etc business in which			~	Tue av Tag	Maerins	ringe	- June
P.	Work wes	done, as SILK MILL L, BANK, etc	,	V	~~~~	arterio 0	chlema	1-	Ψ
Ö	10. Date decease this occup year)	ed last worked et petion (month and		sp	time (yeers) ent in this cupetion				
12.	BIRTHPLACE (cit (State or coun	ty or town) Boy	d, Mary	land		Other Cantributory Causes	of Importance:		
HER	13. NAME	William H	obbs,						
FATH	14. BIRTHPLACE	(city or town)	Boyd,			Name of operation	p	Date of	
-	(State or	country)	Marylan	ıd.		What test confirmed diagno	osis?	Was there a	in autopsy?
H H	15. MAIDEN NA	ME Mary	Siltma	n,		23. If death was due to exter	rnal causes (VIOL ENCE)) fill in also the follow	Ing:
MOTHER	16. BIRTHPLACE	(city or town)	Y TO Y LIVE TO THE	Was.	2007-212-21	Accident, suicide, or homic	lde?	Date of injury	, 19
2	(State or	country) B8	ltimore	, man	THIO.	Where did injury occur?		or town, county and S	State)
			h Block w Drive	, Woo	odside, Md	Specify whether injury occu	urred in INDUSTRY, in	HOME, or in PUBLIC	PLACE.
18.		ospect Hil	1 Date	Jun.	\$ 6,19 3	Manner of injury			
19.	UNDERTAKER	Martey 1200 N St	W/L	Wask	g lo	24. Was disease or injury in	any way related to occ	upation of deceased?_	no
	0	6 51923				(Signed)	103/2/1	W09000	C M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		MECENED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1.0

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. THYSICIANS should state of OCCUPA. Exact statement CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

/ STATE OF MARYLAND—	CERTIFICATE OF DEATH 06279		
1. PLACE OF DEATH			
County Montgomery.	Registration Dist. No. 2/3		
Village or City Sociantly	No. St., Ward		
(If Langth of rasidance in city or town whera daath occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number)		
2. FULL NAME Mangaset, Elise	And (Vousell)		
0 600 18. And	St. Ward		
(a) Residence: No. A State Will (Usual place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
J. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 6 _ 30 _ 193 _ (Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of			
(or) WIFE of	22. HEREBY CERTIFY, That I attanded deceased from		
6. DATE OF BIRTH (month, day, and year) Que -21/932	I last saw h-la aliva on Secure 30, 1933; death is said		
7. AGE Years Months Mys If LESS than	to have occurred on the date stated above, at!.Pm.		
18 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trada, profession, or particular kind of work done, as SPINNER.	4-6/		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Jelina 7/29/33		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work-was dona, as SILK MILL, SAW, MILL, BANK, etc	Conglitudal dostre montheines		
11. Total time (years) this occupation (month and	Congress of the congress of th		
year) occupation	Other Cantributary Causes of importance;		
12. BIRTHPLACE (city or town) Notice Cle			
(State or country)	0		
14. BIRTHPLACE (city or town) Boy 9/			
4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of		
8 1 6	What tast confirmed diagnosis?		
16. BIRTHPLACE (city or town) Leventy -	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accidant, suicide, or homicide?		
(State or country)	Where did injury occur?		
17. INFORMANT Herbero & Suel (Address) Both will Mind	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION OR REMOVAL, and	Manner of injury		
Place byarstung Date (-2, 1933	Nature of Injury		
19. UNDERTAKE LED Donden	24. Was disaase or injury In any way related to occupation of deceased?		
(Address) okrille ma	If so, specify D. Jajiff		
20. FILEO. 7 - 2 1933 mm WJ Roce	(Signed) M. D.		
Registrar.	(Address) of authorsoung, 1919.		
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	(lastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	RTHER STATEMENTS BY PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1169811
1. PLACE OF DEATH	<u> </u>
Village or City The Montage Off	Registration Dist. No. 217 No. St., Ward death occurred in a horpital or institution, give it NAME instead of street and number)
Length of residence in city or town where death occurred was small	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME CANA DE STEEK	all
(a) Residence: No. For Tenge Wood	Ase, Underand and
(Usual pace of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Made Volite Widored (write word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22, f HEREBY CERTIFY, That I attended deceased from
(or) WIFE of . Many Sterger	June 2 1933 to June 30 1933
6. DATE OF BIRTH (month, day, and year) LET 1853	hiast saw has alive on 30, 1933; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 10 P. m.
79 8 30 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Andustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and t	Centr cardine Mileteten 6/34/3
Work was done, as SILK MILL, SAW MILL, BANK, etc	1/
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Managery (State or country)	Other Contributory Causes of Importance:
2 13. NAME Joseph Sterger	appendientes (desliged) (42/33
13. NAME STEPLACE (city or town) Starter (State or country)	Name of operation Date of
# 15. MAIDEN NAME & O Lette Dog Cla	What test confirmed diagnosis?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT JANUS G. Hers (Address) Last Jenge head lid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18: BURFAL, OREMOTION, OR REMOVAL Place For airle less Date July 3, 1933	Manner ol injury
19. UNDERTAKER Warned & Surrish sey	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED July 1 1933 CFParrisly . Registrar.	(Signed) M. D. (Address) Janely Opening and
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example II	i
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
		1
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY I	PHYSICIAN
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NOR

	² FU	ILL NAME	Infan	t	-Stot
	PERSO	NAL AND STATIS	TICAL P	ARTICUI	LARS
3 SE	x lale	*COLOR OR RACE	5 SINGL MARR WIDON OR DI (Write	E, NED, WED Si VORCED the word)	ngle
6 DA	TE OF BIR	June24.1		(Day)	, 1(Year
7 AG		hours		(22.03)	If LESS the
pai (b bus wh	CCUPATION) Trade, profe tleular kind () General nation	ssion, or None of work ure of industry labiishment in (or empleyer)			or min.
pai (b bus wh	CCUPATION) Trade, profe fleular kind () General nation siness, or est ich empleyed	ssion, or None of work ure of industry iablishment in (or empleyer)	nery (Oo I	Md.
yal pai	OCUPATION) Trade, profe filcular kind (filcular ki	ssion, or None street work ure of industry lablishment in (or empleyer) untry) Montgon of ER Harry J	nery (Oo I	Md.
9 BI	CCUPATION) Trade, profe ficular kind () General natislaess, or estich employed (RTHPLACE (State or could be father for father for father (State or could be father for father father for father for father for father for father for father father for father for father father for father for father father father for father father for father fa	ssion, or None of work ure of industry lablishment in (or empleyer) or Harry Place Harry Place Or country) Mary	nery (Co I	Md.
yal pal pal pal pal pal pal pal pal pal p	CCUPATION) Trade, profet [Itular kind ()) General natislaess, or est ich employed The place (State or cot 10 NAME FATHE 11 BIRTHI OF FAT (State OF M 13 BIRTHI	ssion, or None of work ure of industry lablishment in (er empleyer) Montgon of ER Harry PLACE THER OT COUNTRY) N NAME OTHER Mildred	nery (Co I	Md.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH



.st.;

.....Ward)

Registration Dist. No. 2/2

[If death accurred in a bespilat or institution, give its NAME instead

Barnesvelle

myer of street and number.]	
MEDICAL CERTIFICATE OF DEATH	-
G DATE OF DEATH June 24.1933 , 191 (Month) (Day) (Year)	
7 I HEREBY CERTIFY, That I attended deceased from	n
At birth ,191 , to ,191	1
that I lest saw him alive on June 24.1933 7 P 191 M.	
and that death occurred on the date stated above, at n	
The CAUSE OF DEATH * was as follows:	
Preature birth. Congenital heart disease	
Contributory Secondary	8.
(Signed) June 25.1933 (Address) Barnesville. Md.	s. O.
*State the DISEASE CAUBING DEATH, or, in deaths from VIOLENS CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL OF HOMICIDAL.	
The Length of Residence (For Hospitals, Institutions, Transient or Recent Residents) At place In the of death	s, s.
Beallsville cemetary June 25, 1013.	3

[Approved by U. S. Census and American Public Health Association.]

write None or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, business, that fact may be indicated thus: Farmer (relived state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons canployed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Furm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases cian, Compositor, Architect, Locomolive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question -Coul mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. many occupations a single word or term on the very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part At home. Care should be Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."); Lobar pneumonia, Branchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by curbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning, state MEANS OF INJURY and qualify as surgical operation was undertaken. For VIOLENT DEATHS birth or miscarriage as "PUERFERAL septichaemia," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uracmia," "Weakness," genital," nephritis, ctc. The contributory (secondary or intercurges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... "PURRPERAL peritonitis," etc. cause. etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atropuy,
"Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless cough; Chronic valuular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseasos resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), "Dropsy," State cause for which "Exhaustion," ACCIDENTAL, unportant.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU

PHYSICIANS should state Exact statement of OCCUPA-JRD. Every item of infor-UNFADING INK-THIS IS A PERMANENT R AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. RESERVED MARGIN Supplied. mation should be careful. WRITE PLA

V. S. No.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 06282
1. PLACE OF DEATH	107-a
County Mintary	Registration Dist. No. 213
Village Dr City Buch Codas	No. 1270 TSoydo St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
P	ds. How long in U. S. if of foreign birth?
2. FULL NAME LAWRING CLIVE	(Lumir.
(a) Residence: Np. 11 + 10 7 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Wale lego OR DIVORCED (write the word)	(Month) (Day) (Tear)
5a. If married, widowed, or divorted HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, end year) Dec 19 1932	I last saw h alive on
AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 1 \(\frac{4}{7} \) A m.
2 1 day,hrs	
8 Trade profession or particular	Paronopo. Pullmania presonet
kind of work done, as SPINNER, Company SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Meningulis May 29
Date deceased last worked at this occupation (month and spant in this	0
this occupation (month and year)	
2. BIRTHPLACE (city or town) Such Today	Other Contributory Causes of importance:
(State or country) Manyland	
13. NAME Dieston J. Turner	
14. BIRTHPLACE (city or town) Buch Gage M.A.	Name of operation Date of
(State of County)	What test confirmed diagnosis? Occurrent Was there an au'opsy? 10
15. MAIOEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manage of lating
Place Bands W. Date MULT 1933	Manner of injury
Englat Gaplain	
9. UNDERTAKER (Addiess)	24. Was disease or injury In any way related to occupation of deceased?
20, FILED June 3, 1933 mrs C.C. Hellow	(Signed) Wow W. Nowy
20. FILED MILES, 19305 Miles C. C. VIllore Registrar.	(Address) Dawsowille Ma,
If more blanks are needed, address State Registrat	, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death, and related causes Date of onset The principal cause of death and related causes | Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Run over by street car 1 week ago Chronic interstitial nephritis 1921 Cerebral hemorrhage Julu5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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